



YOUTH CAMP APPLICATION

Maryland Department of Health and Mental Hygiene (DHMH)
Office of Food Protection and Consumer Health Services
6 St. Paul Street, Suite 1301, Baltimore, Maryland 21202-1608
Phone 410-767-8417 or 1-877-463-3464, ext 8417 (toll free)
Fax 410-333-8926

www.cha.state.md.us/ofpchs/comm_srv/ycamp.html

READ THE APPLICATION and attach the required documentation.

ENCLOSE APPLICATION FEE: The fee is **\$75.00 for a day camp; \$100.00 for a residential camp**. If operating both a day camp and a residential camp at the same location, pay the \$100.00 fee. If operating camps at more than one location, submit separate applications for each camp location.

Make check or money order payable to the Maryland Department of Health and Mental Hygiene.

MAIL to DHMH at the address shown above prior to the camp's opening date.

SIGN APPLICATION on PAGE 4.

Please use blue ink.

A. REVIEW THE INFORMATION LISTED IN ITEMS 1 THROUGH 12. MAKE ANY CHANGES OR CORRECTIONS IN RIGHT-HAND COLUMN.

1. CAMP NAME UNITED H.O.P.E. SUMMER FUN & LEARNING	1. CAMP NAME
2. CAMP OWNER VIOLA BELL	2. CAMP OWNER
3. CAMP DIRECTOR'S NAME VIOLA BELL	3. CAMP DIRECTOR'S NAME
4. MAILING ADDRESS 3506 VIRGINIA AVENUE BALTIMORE MD 21215	4. MAILING ADDRESS
5. SITE ADDRESS 4604 REISTERSTOWN ROAD BALTIMORE MD 21215	5. SITE ADDRESS
6. CONTACT PERSON'S NAME VIOLA BELL	6. CONTACT PERSON'S NAME
7. CONTACT PERSON'S PHONE NUMBER 410-466-7022	7. CONTACT PERSON'S PHONE NUMBER
8. CONTACT PERSON'S FAX NUMBER 410-466-5078	8. CONTACT PERSON'S FAX NUMBER
9. CONTACT PERSON'S E-MAIL ADDRESS VVBELL@HOTMAIL.COM	9. CONTACT PERSON'S E-MAIL ADDRESS
10. TYPE OF CAMP DAY CAMP	10. TYPE OF CAMP (CHECK ONE) <input type="checkbox"/> DAY CAMP, \$75.00 FEE <input type="checkbox"/> RESIDENTIAL CAMP, \$100.00 FEE <input type="checkbox"/> DAY and RESIDENTIAL CAMP, \$100.00 FEE
11. TYPE OF COMPLIANCE CERTIFICATE	11. TYPE OF COMPLIANCE (CHECK ONE) <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> LETTER OF COMPLIANCE (BONA FIDE RELIGIOUS ORGANIZATIONS)
12. ALTERNATE ACCREDITATION	12. ALTERNATE ACCREDITATION <input type="checkbox"/> ACA, CHESAPEAKE SECTION <input type="checkbox"/> BSA CAMP ATTACH COPY OF CURRENT ACCREDITATION, NO FEE IS REQUIRED.

Your camp is approved for the following specialized activities; see part C 6 of this application for further instructions.

NONE	AIR GUNS	SPELUNKING
<input checked="" type="checkbox"/> SWIMMING	ARCHERY	ROAD CYCLING
CANOEING	GYMNASTICS	GO KARTS
SAILING	HORSEBACK RIDING	SNOW SKIING
WHITE WATER RAFTING	HIGH ROPES	MOTOR VEHICLES
WATER SKIING	RAPPELLING	OTHER:
RIFLERY	ROCK CLIMBING	

FOR OFFICIAL USE ONLY

DATE RECEIVED	AMOUNT RECEIVED	CHECK NUMBER	IDENTIFICATION NUMBER 30352
<input type="checkbox"/> ISSUE <input type="checkbox"/> DENY <input type="checkbox"/> TERMINATE	SANITARIAN'S SIGNATURE	DATE	EXPIRATION CODE NOT CURRENT

11. PRIMITIVE CAMP *A youth camp where permanent facilities for water supply and sewage disposal systems, food service facilities, sleeping areas, bathing facilities, and hand washing facilities are not available. (If your camp or any portion of your camp is a primitive camp, check all that apply.)*

- ☐ No Permanent Facility for Water Supply System: **Attach the camp's written procedure for water filtration and disinfection.**
- ☐ No Permanent Facility for Sewage Disposal System: **Attach the camp's written procedure for sewage disposal.**
- ☐ No Permanent Facility for Food Service: **Attach the camp's written food preparation and handling plan; must meet Regulation .42.**
- ☐ No Permanent Facility for Sleeping Areas: **Attach description of the camp's sleeping provisions.**
- ☐ No Permanent Facilities for Bathing or Hand Washing: **Attach the camp's written bathing or hand washing procedures.**

12. FOOD SERVICE *(Check all that apply.)*

- ☐ Meals Prepared On-Site: **Attach copy of food permit.** ☐ Lunches Brought From Home: *Refrigeration required.*
- ☐ Summer Lunch Program: **Attach verification of acceptance from certifying organization.**

13. BUILDING(S) TYPE *(Check all that apply.)*

- ☐ School (Public or Private) or Government Owned Building: **Attach completed Building Safety form.**
- ☐ Privately Owned Building or Property **Attach a copy of a current Fire Safety Inspection from the State or Local Fire Marshal's Office. Attach the Use & Occupancy permit. If no Use & Occupancy permit, attach certification from a master electrician and a master plumber stating the building meets code and attach documentation of zoning approval.**
- ☐ Outdoor Pavilion or No Buildings.
- ☐ Other, Specify Type: _____ *Contact this Office for required compliance documentation.*

14. CAMP FACILITIES *(Check all that apply.)*

- ☐ Sleeping Facilities ☐ Cabins ☐ Tents ☐ Other, specify: _____
- ☐ Bathroom Facilities
- Male ☐ Toilets, # _____ ☐ Handsinks, # _____ ☐ Showers, # _____ ☐ Urinals, # _____
- Female ☐ Toilets, # _____ ☐ Handsinks, # _____ ☐ Showers, # _____
- ☐ Portable Toilets ☐ Male, # _____ ☐ Female # _____ **Attach completed Local Health Approval form.**
- ☐ Privies ☐ Male, # _____ ☐ Female # _____ **Attach completed Local Health Approval form.**

15. WATER SUPPLY

- ☐ Public: *Specify the water company from your water bill:* _____
- ☐ On-Site Well: **Attach completed Local Health Approval form.**

16. SEWAGE DISPOSAL

- ☐ Public: *Specify the sewer service company:* _____
- ☐ On-Site Sewage Disposal System: **Attach completed Local Health Approval form.**

C. YOUTH CAMP PROGRAM INFORMATION

1. ARE YOU OPERATING A CHILDCARE CENTER AT THIS SITE? ☐ NO ☐ YES **Attach a copy of license.**

2. DID YOU NOTIFY THE CHILD CARE LICENSING OFFICE ABOUT YOUR INTENT TO OPERATE A YOUTH CAMP AT THIS SITE?

- ☐ NO ☐ YES **Attach documentation of the notification.**

3. CURRENT CAMP PROGRAM INFORMATION. **Attach current camp brochure.**

CAMP OPENING DATE	CAMP CLOSING DATE	DATE(S) CLOSED FOR BUSINESS
NUMBER OF CAMP SESSIONS	NUMBER OF DAYS/SESSION	MAXIMUM NUMBER OF CAMPERS/SESSION

4. ARE CAMP TRIPS PROVIDED?

- ☐ NO
- ☐ YES **Attach the camp's safety plan for camp trips. The safety plan must meet Regulation.52.**

Indicate trip dates: _____

5. TRANSPORTATION

Does the camp provide or arrange for camper or staff transportation?

☐ NO

☐ YES *Attach a copy of the parent authorization form and the camp's safety plan. The safety plan must meet Regulation .53.*

Method of transportation: _____

Does the camp transport campers to camp, from camp, or to and from camp?

☐ NO

☐ YES *Attach a copy of the parent's authorization form, the camp's safety plan and the camp's policy concerning the camp's responsibility for supervising a camper when the camper is picked up, dropped off, and transported. The safety plan must meet Regulation .53.*

6. ARE SPECIALIZED ACTIVITIES PROVIDED?

☐ NO

☐ YES *Attach a written safety plan for each activity offered. The safety plan must meet Regulation .52.*

• Check all specialized activities offered during camp. Indicate day(s) and time activity is offered. Provide activity location(s). Attach additional sheet if necessary.

• If you add a new specialized activity, you must obtain prior approval from this Office. Contact DHMH immediately.

☐ ADVENTURE CAMP (AC) ACTIVITY INCLUDES CLIMBING WALL; LOW

ROPE IF BELAY OR SPOTTING REQUIRED; PAINTBALL; SKATING; SKATEBOARDING; SNOWBOARDING; OR SIMILAR ACTIVITY.

Adventure Camp Activity _____

Activity Location _____

Dates/Time _____

☐ AIR GUNS At _____

Dates/Time _____

☐ ARCHERY At _____

Dates/Time _____

☐ CYCLING At _____

Dates/Time _____

☐ GYMNASTICS At _____

Dates/Time _____

☐ GO KARTS At _____

Dates/Time _____

☐ HANG GLIDING At _____

Dates/Time _____

☐ HIGH ROPES At _____

Dates/Time _____

☐ HORSEBACK RIDING At _____

Dates/Time _____

☐ MOTOR VEHICLES At _____

Dates/Time _____

☐ RAPPELLING At _____

Dates/Time _____

☐ RIFLERY At _____

Dates/Time _____

☐ ROCK CLIMBING At _____

Dates/Time _____

☐ SNOW SKIING At _____

Dates/Time _____

☐ SPELUNKING At _____

Dates/Time _____

☐ SWIMMING At:

☐ Public Pool Location _____

Dates/Time _____

Public Pool Permit Number _____

Obtain permit number from pool management or Local Health Department.

☐ Natural Bathing Beach or Site;

Location _____

Dates/Time _____

Is the swimming water sampled by Local Health Department?

☐ No ☐ Yes

Who provides the lifeguards?

☐ Beach ☐ Camp

Does the lifeguard training include open waterfront certification appropriate to the site?

☐ No ☐ Yes

Is 1 lifeguard provided for each group of 50 campers or fraction thereof?

☐ No ☐ Yes

☐ WATERCRAFT ACTIVITY (Check all that apply.)

☐ CANOEING At _____

Dates/Time _____

☐ KAYAKING At _____

Dates/Time _____

☐ OTHER BOATING ACTIVITY

Type _____

Location _____

Dates/Time _____

☐ SAILING At _____

Dates/Time _____

☐ WATER SKIING At _____

Dates/Time _____

☐ WINDSURFING At _____

Dates/Time _____

☐ WHITE WATER RAFTING At _____

Dates/Time _____

7. SUPERVISION PROVIDED DURING ROUTINE ACTIVITIES *See Regulation .54. If necessary, attach additional sheet.*

CAMPERS AGE	GROUP SIZE	NUMBER OF ADULT (S) (18 AND OLDER) SUPERVISING CAMPER GROUP	NUMBER OF ASSISTANT COUNSELORS (16-17 YEAR OLDS) SUPERVISING CAMPER GROUP

D. HEALTH PROGRAM INFORMATION

1. HEALTH SUPERVISOR'S NAME _____ PHONE _____

2. HEALTH SUPERVISOR'S TITLE *(Check one)* _____ MD LICENSE # _____
☐ Physician ☐ Registered Nurse ☐ Certified Nurse Practitioner

3. DO 50% OR MORE OF THE CAMPERS HAVE IDENTIFIED MEDICAL PROBLEMS? ☐ NO ☐ YES

4. THE HEALTH SUPERVISOR IS: *(Check one)*
☐ Available for consultation at all times when campers are present.
☐ On-site at all times when campers are present. *Required when 50% or more of the campers have identified medical problems.*

5. WRITTEN HEALTH PROGRAM *Attach a copy of the camp's health program that includes the health supervisor's annual approval. The health program procedures must meet Regulation.22.*

6. CAMPER HEALTH RECORD *Attach example of the camp's camper health record form; must meet Regulation .27.*

7. STAFF HEALTH RECORD *Attach example of the camp's staff member/volunteer health record form; must meet Regulation .29.*

8. CPR CERTIFIED STAFF *Two adults with current cardiopulmonary resuscitation (CPR) certification are required on duty at camp at all times.*
 Number of adult staff certified in CPR by a national certifying organization: _____

9. FIRST AID CERTIFIED STAFF *Two adults with current first aid are required on duty at camp at all times.*
 Number of adult staff certified in first aid by a national certifying organization: _____

E. EMERGENCY PROCEDURES INFORMATION.

Attach a copy of the camp's emergency procedures. The emergency procedures must meet Regulation .34.

F. WORKER'S COMPENSATION ACT COMPLIANCE STATEMENT Indicate compliance with workers compensation act.

Maryland Health-General Code Annotated §1-202 requires that before any license, certificate or permit may be issued under the Health-General Article; the employer must file a certificate of compliance listing a workers' compensation insurance policy or binder number. This statement of compliance is based on the workers' compensation law applicable in the state in which the licensee is based. *(Check one and provide requested information.)*

☐ I have workers' compensation insurance.

Insurance Company _____

Policy or Binder number _____

☐ A waiver has been received from the Workers' Compensation Commission *Attach a copy of the waiver.*

☐ As provided, I am exempt from having workers' compensation insurance *Attach a copy of the certificate of compliance.*

☐ I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission *Attach a copy of the certificate of compliance.*

☐ I am self-employed. I have no employees.

G. YOUTH CAMP REGULATIONS (COMAR 10.16.06) COMPLIANCE STATEMENT. *Read and sign compliance statement.*

I have carefully examined and read this application and when operating, agree to comply with all applicable laws and regulations of the State of Maryland regarding youth camps. I understand that providing false information on this application or violating the Maryland Youth Camp Act, Maryland Health-General Code Annotated Title 14, Subtitle 4, or any regulation adopted by the Department under this subtitle may result in an abatement order or closure order or denial, suspension, or revocation of youth camp certification or letter of compliance. *If you have questions, please call DHMH, Division of Community Services at (410) 767-8417 or 1-877-4MD-DHMH ext. 78417.*

X

DATE _____

APPLICANT'S SIGNATURE *Must be a person who owns, supervises, controls, conducts, or manages a youth camp.*